

RE: CMS-1828-P, Medicare Program; CY 2026 Home Health Prospective Payment System Rate and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Bidding Program Updates

Administrator Oz:

On behalf of the Ohio Health Care Association, an advocacy organization representing home health agencies dedicated to delivering high-quality, patient-centered care, we appreciate the opportunity to respond to CMS proposed rule for home health agencies for 2026. Our member agencies operate at the frontlines of healthcare delivery, providing essential services to Ohioans, particularly older adults and individuals with chronic or complex medical conditions.

As representatives of Ohio's home health agency providers, we write to express our deep concern and strong opposition to the proposed 2026 Medicare Home Health Prospective Payment System (HH PPS) rule, which would cut payment rates by nearly 9% and reduce funding to agencies nationwide by more than \$1 billion. For Ohio, these cuts would significantly reduce access to lifesaving home-based care for older adults and people with disabilities, while doing little to address the actual causes of waste, fraud, or abuse in the system

Already, Ohio's providers are struggling to meet demand. Forty-three percent of patients referred to home health after hospitalization never receive it, due to workforce shortages and agency capacity constraints. Since 2019, approximately 76,560 patients nationwide have lost access to home health care. Cutting rates now will only accelerate this trend, particularly in rural Ohio counties where closures and long wait times are most severe.

The consequences of these access barriers are profound. Patients who are referred but do not receive home health experience 35% higher readmission rates, 16% greater emergency department use, and 43% higher mortality, driving overall Medicare spending 5.4% higher than for patients who receive timely home health care

We are equally troubled by the methodology underpinning these cuts. Congress was clear that the 2020 payment system should not increase or decrease overall reimbursement levels. Yet CMS's calculations, based on flawed assumptions and claims with suspect billing patterns, have led to consistent underpayment. Between 2019 and 2023, Medicare spending and utilization of home health services already declined by 12% and 8%, respectively. More than 1,000 agencies have closed during this period. Rather than punishing legitimate providers with across-the-board cuts, CMS should focus on targeted oversight to address fraud and ensure sustainability for those delivering essential care.

Home health is where patients want to receive care and is among the most cost-effective options for the Medicare program. Undermining this system will force more patients into higher-cost institutional settings, ultimately raising program costs while worsening outcomes.

In final rule-making, we respectfully urge CMS to:

- Rescind the proposed 2026 payment cuts, preserving access to home health for Ohio's most vulnerable residents.
- Engage with providers to develop solutions that strengthen home-based care, including workforce investment and targeted fraud prevention.

- Honor Congressional intent by ensuring that payment methodology does not arbitrarily reduce rates below sustainable levels.

Ohio's providers are committed to delivering high-quality, person-centered care in the setting seniors prefer. The proposed rule threatens to destabilize this system at the very moment our communities are facing historic workforce shortages and growing demand. We urge CMS to withdraw these cuts and work with providers, patients, and Congress to ensure a sustainable future for home-based care.

We appreciate the opportunity to submit feedback on behalf of our members. Should you have any questions, please do not hesitate to contact me.

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